

Case Name Daleson Enterprises, LLC d/b/a Jones County Rest Home

Case Number 05-50095 For Period February 1 to February 28, 20 07

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
{X}	{ }	Comparative Balance Sheet (FORM 2-B)
{X}	{ }	Profit and Loss Statement (FORM 2-C)
{X}	{ }	Cash Receipts and Disbursements Statement (FORM 2-D)
{X}	{ }	Supporting Schedules (FORM 2-E)
{X}	{ }	Narrative (FORM 2-F)
{X}	{ }	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 3-30-07
(date)

Debtor(s)*

Daleson Enterprises, LLC
d/b/a/ Jones County Rest Home

By:**

Position:


Member

Name of preparer:

Sandy Lindsey, CFO

Telephone No. of Preparer

601-758-1989

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NUMBER: 05-50095

COMPARATIVE BALANCE SHEET

ASSETS:

CURRENT ASSETS:

Cash.....

Accounts Receivable, Net.....

Inventory, at lower of cost or market.....

Prepaid expenses & deposits.....

Other

TOTAL CURRENT ASSETS.....

PROPERTY, PLANT & EQUIPMENT.....

Less Accumulated depreciation.....

NET PROPERTY, PLANT & EQUIPMENT.....

OTHER ASSETS

Certificate of Need Cost

Workers Comp Deposit

TOTAL OTHER ASSETS.....

TOTAL ASSETS.....

Month	Month	Month	Month	Month	Month	Month
8/31/06	9/30/06	10/31/06	11/30/06	12/31/06	1/31/07	02/28/07
452,953	447,658	298,072	332,797	326,920	312,636	309,991
259,571	263,251	383,531	342,827	335,516	343,255	340,605
0	0	0	0	0	0	0
0	0	0	0	0	0	0
620,268	620,268	620,268	620,268	620,268	620,268	620,268
1,332,792	1,331,177	1,301,871	1,295,892	1,282,704	1,276,159	1,270,864
254,993	254,993	254,993	254,993	254,993	254,993	254,993
0	0	0	0	0	0	0
254,993	254,993	254,993	254,993	254,993	254,993	254,993
715,738	715,738	715,738	715,738	715,738	715,738	715,738
94,435	94,435	94,435	94,435	94,435	94,435	94,435
810,173	810,173	810,173	810,173	810,173	810,173	810,173
2,397,958	2,396,343	2,367,037	2,361,058	2,347,870	2,341,325	2,336,030

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

CASE NUMBER: 05-50095

COMPARATIVE BALANCE SHEET

LIABILITIES:

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg 1 of 3).....

Accounts payable (Form 2-E, pg 1 of 3).....

Other: Intercompany Accts./Etc.

TOTAL POST-PETITION LIABILITIES.....

PRE-PETITION LIABILITIES:

Notes payable – secured.....

Priority debt.....

Unsecured debt.....

Other Due Owner

TOTAL LIABILITIES.....

EQUITY (DEFICIT)

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post Filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

Month	Month	Month	Month	Month	Month	Month
8/31/06	9/30/06	10/31/06	11/30/06	12/31/06	1/31/2007	02/28/07
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
689,477	689,477	689,477	689,477	689,477	689,477	689,477
1,258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733
308,767	308,767	308,767	308,767	308,767	308,767	308,767
77,723	77,723	77,723	77,723	77,723	77,723	77,723
2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700
63,258	61,643	32,337	26,358	13,170	6,625	1,330
63,258	61,643	32,337	26,358	13,170	6,625	1,330
2,397,958	2,396,343	2,367,037	2,361,058	2,347,870	2,341,325	2,336,030

CASE NUMBER: 05-50095

PROFIT AND LOSS STATEMENT

SEE ATTACHED

NET REVENUE.....

COST OF GOODS SOLD:

Material.....

Labor - Direct.....

Manufacturing Overhead.....

TOTAL COST OF GOODS SOLD:.....

GROSS PROFIT:.....

OPERATING EXPENSES:

Selling and Marketing.....

General and administrative (rents, utilities, salaries, etc.)

Other _____

TOTAL OPERATING EXPENSES.....

INTREST EXPENSE.....

INCOME BEFORE DEPRECIATION OR TAXES:.....

DEPRECIATION OR AMORTIZATION.....

EXTRA ORDINARY EXPENSES *

INCOME TAX EXPENSE (BENEFIT).....

NET INCOME (LOSS).....

Filing Date	Month	Month	Month	Month	Month	Month
	9/30/2006	10/31/06	11/30/06	12/31/06	1/31/07	02/28/07
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	1,615	29,306	5,979	13,188	6,545	5,295
	1,615	29,306	5,979	13,188	6,545	5,295
	(1,615)	(29,306)	(5,979)	(13,188)	(6,545)	(5,295)
	0	0	0	0	0	0
	(1,615)	(29,306)	(5,979)	(13,188)	(6,545)	(5,295)

*Requires explanation in NARRATIVE (Form 2-F)

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County CASE NUMBER: 05-50095

Rest Home

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period February 1 to February 28, 2007

Cash Reconciliation

1. Beginning Cash Balance (Ending cash balance from last month's report)		<u>\$ 312,636</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	<u>\$ 2,650</u>	
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	<u>\$ 5,295</u>	
4. Net Cash Flow		<u>\$ (2,645)</u>
5. Ending Cash Balance (to FORM 2-B)		<u>\$ 309,991</u>

CASH SUMMARY - ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	<u>\$</u>	
2. Trust Account	<u>\$ 0</u>	<u>Trustmark</u>
3. Operating and/or Personal Account	<u>\$ 307,504</u>	<u>Trustmark</u>
4. Payroll Account	<u>\$ 2,487</u>	<u>Trustmark</u>
5. Tax Account	<u>\$</u>	
6. Other Accounts (Specify checking or savings)	<u>\$</u>	
7. Cash Collateral Account	<u>\$</u>	
8. Petty Cash	<u>\$</u>	
TOTAL (Must Agree with line 5 above)	<u>\$ 309,991</u>	

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less
inter-account transfers and UST fees paid

\$ 5,295

*NOTE: This amount should be used
to determine UST quarterly fees due
and agree with Form 2-D, page 2 of 4

FORM 2-D
Page 1 of 4
01/04

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County CASE NUMBER: 05-50095

Rest Home

QUARTERLY FEE SUMMARY

MONTH ENDED February 2007

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 14.304			
February	\$ 5.295			
March	\$			
Total				
1 st Quarter	\$	\$		
April	\$			
May	\$			
June	\$			
Total				
2 nd Quarter	\$	\$		
July	\$			
August	\$			
September	\$			
Total				
3 rd Quarter	\$	\$		
October	\$			
November	\$			
December	\$			
Total				
4 th Quarter	\$	\$		

FEE SCHEDULE

DISBURSEMENT CATEGORY	QUARTERLY FEE DUE
Less than \$15,000.00	\$250
\$15,000 - \$74,999.99	\$500
\$75,000 - \$149,999.99	\$750
\$150,000 - \$224,999.99	\$1,250
\$225,000 - \$299,999.99	\$1,500
\$300,000 - \$999,999.99	\$3,750
\$1,000,000 - \$1,999,999.99	\$5,000
\$2,000,000 - \$2,999,999.99	\$7,500
\$3,000,000 - \$4,999,999.99	\$8,000
\$5,000,000 and above	\$10,000

Note that a minimum payment of \$250 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: Jones County Rest Home Account Number: 480-009-6701
Operating Account

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 0

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: Jones County Rest Home Account Number: 480-009-6701

Operating

CASH DISBURSEMENTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
-------------	------------------	--------------	-------------------------------	---------------

SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises d/b/a Jones
County Rest Home

CASE NUMBER: 05-50095

SUPPORTING SCHEDULES

For Period February 1 to February 28, 20 07

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW	0	0	\$	\$	\$	
FICA	0	0				
FUTA	0	0				
SITW	0	0				
SUTA	0	0				
OTHER TAX						
TRADE PAYABLES						
OTHER	0	0				
Retirement	0	0				
Accrued PR	0	0				
Bonus	0	0				
TOTALS	0	0	\$	\$	\$	\$

01/04

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest Home
CASE NUMBER: 05-50095

NARRATIVE STATEMENT

For Period February 1 to February 28, 20 07

Please provide a brief description of the significant business and legal action by the debtor, its creditor or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: JCRH Old Acct. Payable Account Number: 430-715-3379

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: JCRH New Accts. Payable Account Number: 480-009-6685

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 2,650

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: JCRH Payroll Account Number: 480-009-6693

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: JCRH Resident Trust Account Number: 480-009-6719

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: JCRH Old Acct. Pay Account Number: 430-715-3349

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 418

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

FORM 2-D
Page 4 of 4
01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: JCRH New Acct. Payable Account Number: 480-009-6685

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 4,877

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: JCRH Payroll Account Number: 480-009-6693

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period February 1 to February 28, 2007

Account Name: JCRH Resident Trust Account Number: 480-009-6719

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest Home CASE NUMBER: 05-50095

SUPPORTING SCHEDULES

For Period February 1 To February 31 2007

INSURANCE SCHEDULE

Type	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	MSHCA	\$100,000	1/1/06	NO
General Liability	CULIC	\$500,000	10/7/06	CANCELLED
Property (Fire, Theft)	Fox Everett	\$500,000	8/30/06	CANCELLED
Vehicle				
Other (list):				

- (1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.
- (2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

AP NEW JCRH
3/6/2007

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:			312,239.42
Checks and Payments	6	Items	-6,138.16
Deposits and Other Credits	1	Item	2,649.60
Service Charge	0	Items	0.00
Interest Earned	0	Items	0.00
Ending Balance of Bank Statement:			308,750.86

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:			308,750.86
Checks and Payments	11	Items	-9,980.49
Deposits and Other Credits	0	Items	0.00
Register Balance as of 2/28/2007:			298,770.37
Checks and Payments	0	Items	0.00
Deposits and Other Credits	0	Items	0.00
Register Ending Balance:			298,770.37

AP NEW JCRH
3/6/2007

Page 2

Uncleared Transaction Detail up to 2/28/2007

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
5/11/2005	2296	GARY D. THRASH		GARNISHMENT		-457.89
7/13/2005	2556	WILLIAM G. CLARK				-800.00
8/12/2005	2658	WILLIAM G. CLARK				-800.00
9/14/2005	2821	WILLIAM G. CLARK				-800.00
10/14/...	2962	WILLIAM G. CLARK				-800.00
11/15/...	3092	WILLIAM G. CLARK				-800.00
12/15/...	3180	WILLIAM G. CLARK				-800.00
1/10/2006	3235	WILLIAM G. CLARK				-800.00
2/15/2006	3280	JOHN D. MCCORMICK				-1,484.00
1/13/2007	3359	LarRY RUSSELL				-2,285.00
1/13/2007	3361	LarRY RUSSELL				-153.60
Total Uncleared Checks and Payments				11 Items		-9,980.49
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				11 Items		-9,980.49

**Trustmark**

National Bank

Small Business Checking

Page 1 of 4

Statement Period
From 2/01/2007 To 2/28/2007Account Number
480-009-6685

6 Images Included

DALESON ENTERPRISE LLC DBA JONES COUNTY
REST HOME ACCT PAYABLE DEBTOR IN
POSSESSION CHAP 11 CASE NO 05-50095
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-243-2524 or 1-601-961-6000
Automated Response 24 hours daily
Representative Mon - Fri 8am-5pm
Sat 9am-1pm

For questions or to receive a Trustmark Access
Number for use with automated services, call
during Representative hours and choose option 2

Website address: www.trustmark.com**Summary**

Description	Transactions	Amount
Balance last statement		312,239.42
Deposits and other credits	1	+ 2,649.60
Checks and other withdrawals	6	- 6,138.16
Service charges		- .00
Balance this statement		\$308,750.86

Note: Your lowest balance during this period was \$308,750.86, and it occurred on 2/26/2007.

**Deposits and Other Credits**

Date	Amount	Description
2/23	2,649.60	DEPOSIT

Total of Deposits and Other Credits: \$2,649.60

**Checks and Other Withdrawals****Checks Paid**

Number of images included in this statement: 6

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
3362	2 /5	10.96	3364	2 /26	2,285.00	3366	2 /26	153.60
3363	2 /6	1,250.00	3365	2 /23	2,285.00	3367	2 /23	153.60



Trustmark

National Bank

Document Page 23 of 26
Small Business Checking

Page 3 of 4

Statement Period
From 2/01/2007 To 2/28/2007

Account Number
480-009-6685

Check Images - continued

Note: The items below are true and correct copies of the original items which have been photographically reproduced by the bank.

DALESON ENTERPRISES, LLC
10000 S. COUNTY ROAD 100
20000 S. COUNTY ROAD 100
CASE NO. 10000
10000 S. COUNTY ROAD 100
10000 S. COUNTY ROAD 100

ACCOUNTS PAYABLE ACCOUNT

TRUSTMARK NATIONAL BANK
10000 S. COUNTY ROAD 100
10000 S. COUNTY ROAD 100

000366

One Hundred Fifty Three & 00/100 Dollars

LARRY FORTKERRY

AMOUNT

15366.00

000366 000366000000 000366000000 000366000000

Ck 3366 Ref 100021747 Pd 2/26 \$153.60

[illegible]

Ck 3367 Ref 103174855 Pd 2:23 \$153.60

Reconciliation

This section is provided to help you balance your bank statement.

Checks and
Other Withdrawals
outstanding -
Not charged to account

[illegible]

Total Checks and
Other Withdrawals outstanding

Bank Balance
Shown on
this statement

\$308.750.86

Add +

Deposits not credited to this statement

Total

§ 1

Subtract —

Checks and
Other Withdrawals
Outstanding

Balance =

§ 1

This balance should agree with your checkbook balance after deducting service charges and adding interest (if any) shown on this statement for previous month.



Customer News

Thank you for banking with us.

PR NEW JCRH
3/6/2007

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:			3,635.84
Checks and Payments	0	Items	0.00
Deposits and Other Credits	11	Items	0.00
Service Charge	0	Items	0.00
Interest Earned	0	Items	0.00
Ending Balance of Bank Statement:			3,635.84

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:			3,635.84
Checks and Payments	2	Items	-1,148.61
Deposits and Other Credits	0	Items	0.00
Register Balance as of 2/28/2007:			2,487.23
Checks and Payments	0	Items	0.00
Deposits and Other Credits	0	Items	0.00
Register Ending Balance:			2,487.23

PR NEW JCRH
3/6/2007

Page 2

Uncleared Transaction Detail up to 2/28/2007

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
1/6/2006	4022	2021 Kendra Barnett				-387.57
1/6/2006	4032	1878 LINDSEY SAN...		Salary		-761.04
Total Uncleared Checks and Payments				2 Items		-1,148.61
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				2 Items		-1,148.61

**Trustmark**

National Bank

Small Business Checking

Page 1 of 2

Statement Period
From 2/01/2007 To 2/28/2007Account Number
480-009-6693

DALESON ENTERPRISE LLC DBA JONES COUNTY
REST HOME PAYROLL ACCT DEBTOR IN
POSSESSION CHAP 11 CASE NO 05-50095
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-243-2524 or 1-601-961-6000
Automated Response 24 hours day
Representative Mon - Fri, 8am-8pm,
Sat 9am-7pm

For questions or to receive a Trustmark Access
Number for use with automated services, call
during Representative hours and choose option '0'

Website address: www.trustmark.com

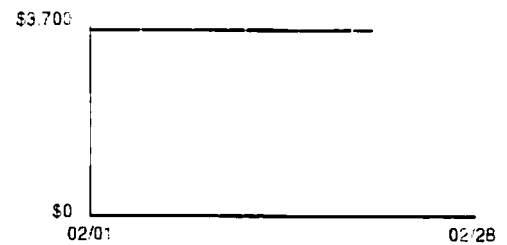
**Summary**

Description	Transactions	Amount
Balance last statement		3,635.84
Deposits and other credits		+ .00
Checks and other withdrawals		- .00
Service charges		- .00
Balance this statement		\$3,635.84

Note: Your lowest balance during this period was \$3,635.84, and it occurred on 2/1/2007.

**Daily Balance History**

Date	Balance	Date	Balance
2/1	\$3,635.84	2/28	\$3,635.84



Your Balance this Period
Balance